Kansas Medical Assistance Program





Kansas Medical Assistance Program 2009 Spring Supplemental Billing Packet: Local Education Agency Professional Claims

Introduction

The Kansas Medical Assistance Program (KMAP) offers different billing options to all providers. These options are:

- KMAP Web site
- Paper billing

These options give providers different channels for their specific office needs. Each option has its own benefits.

KMAP Web site

- Free
- Fast
- Secure
- Fast response on claim status
- High quality of data

Paper Billing

- Claim form ordering (not supplied by KMAP)
- No front end editing
- Eight to 10 days to process claim
- Usually used by providers if they have no Internet access or if submitting timely filing, adjustments, or claims requiring attachments, i.e. sterilizations

Provider Electronic Solution (PES) is another free billing option offered by KMAP for more information about this billing service please contract your local Provider Representative for more information and training.

BILLING OPTIONS INTERNET

https://www.kmap-state-ks.us

Services provided on the KMAP Web site are free of charge.

To use the Web site effectively, the following list of requirements must be met:

Internet Explorer 6.0 (or higher)

If you do not have Internet Explorer, you can download it from the KMAP Web site.

- Modem
- Phone line, DSL, or cable connection
- Internet service provider (ISP)

If you do not have an internet service provider, you can contact the EDI help desk to become authorized to use our remote access system (RAS) to connect to the KMAP Web site free of charge. You may contact the EDI help desk at 1-800-933-6593 (press 3#) or at EDI.kmap@eds.com.



Welcome to KMAP

Kansas Medical Assistance Program Web Site

The KMAP Web site provides health and medical policy information to beneficiaries and providers. Our vision is to connect Kansans with quality healthcare, regardless of their ability to pay

The Beneficiary section has information about the Kansas Medical Assistance Program. To get a more detailed listing of topics, click on the Beneficiary tab. Beneficiary

The Provider section has information geared toward potential or current contracted Medicaid providers. To get a more detailed listing of topics, Provider

click on the Provider tab

The KAN Be Healthy section provides educational information to assist with KAN Be Healthy

program guidelines and regulations, as well as ways to increase program participation. To get a more detailed listing of topics, click on the KAN Be Healthy tab.

The NPI section has information for providers regarding KMAP's implementation of the National Provider Identifier. NPI Information

Date Last Modified: November 30, 2007

Instructions for Users with Visual Disabilities

To request information on this Web site in an alternate format, please call

1-800-766-9012 (beneficiaries) or 1-800-933-6593 (providers)

DISCLAIMER

This Web site is provided as a convenience to providers and stakeholders of the Kansas Medical Assistance Program. Despite our best intentions to be complete and accurate, due to time lags, discrepancies may sometimes occur and materials on this site may not be consistent or up-to-date with current program guidelines. Normally, other forms of written communications may supersede the Web site materials. With this site, provider bulletins – or the most recently updated pages of this site – should prevail. If in doubt, contact the KMAP Customer Service Center at 1-800-766-9012 (beneficiaries) or 1-800-933-6593 (providers).

KMAP Home Page: https://www.kmap-state-ks.us



Welcome to the Provider Home Page

This is the Provider home page of the Kansas Medical Assistance Program (KMAP) Web site. The purpose of this page is to provide information, forms, and tools necessary for providers to assist beneficiaries.

Manuals lists manuals geared to the provider. Providers will have access to current and historical

Bulletins lists current and historical bulletins for providers

Enrollment includes Enrollment Forms and Ancillary Documentation

Provider Agreement renewal: Required for all providers, Additional Information

The Reference Codes page provides access to current coverage and pricing information

Workshop Schedule displays the seminar schedule. Materials may be downloaded at any time.

Task Force Meeting Minutes lists minutes from the Provider Task Force Meetings

<u>EOB Crosswalk</u> provides you a cross reference of HIPAA adjustment reason codes and HIPAA remark codes to KMAP local codes.

National Provider Identifier information page provides you with up-to-date information regarding NPI.

The MMIS Login section transfers you to the Kansas Medical Assistance Program (KMAP) Secured Web site where authorized providers can inquire about their claims and verify member eligibility quickly and easily. For information on obtaining an ID see Frequently Asked Questions.

Rights to Appeal documents your rights to appeal a denial notice

Automated Voice Response System call flow.

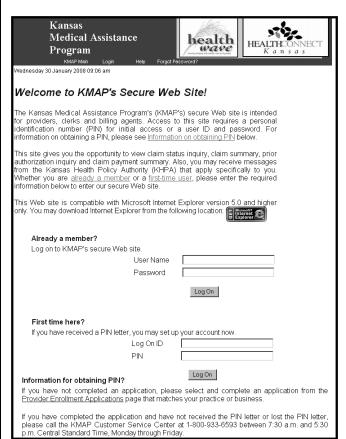
MS-DRG to CMS-DRG Crosswalk provides a cross reference of the MS-DRG to a CMS-DRG for payment under the CMS-DRG.



Date Last Modified: January 15, 2008

KMAP Provider Home Page: For Secured Site logon click on **MMIS Login**

March 2009



Note: If you have never logged on or have forgotten your password, contact the KMAP Customer Service Center to obtain your user name and password. You can then enter this information in the Already a Member section and click **Log On**. This information is case sensitive and must be entered exactly as it was created.

The system will prompt you to change your password every 30 days for security purposes.

Your account will be disabled if you do not log on in 90 days or if you mistype your password three consecutive times. To reactivate your account, the contact person associated with the user name must call the KMAP Customer Service Center.

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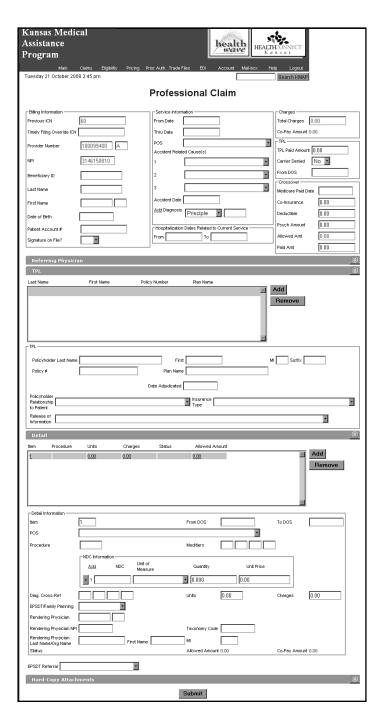
The main Provider menu appears after you log on and view your global messages. From here, you can click any of the links on the window to access the corresponding pages.

The first option, Switch Provider Number, only appears if your clerk ID is associated with more than one provider number. This link gives you the ability to switch between provider numbers. If you use more than one provider number, it is very important to validate which provider number you are working under when submitting claims. Submitting claims under the wrong provider number could result in denied claims.

You can elect to have Web RAs which are available the first Monday immediately following the previous Friday's claim processing deadline. Click link below Filename to add feature.



By choosing Claim Submission, you will be able to choose the Professional claim type. Click **Professional** to access the Professional claim form.



Billing Information

- Previous ICN: This field auto populates.
- Timely Filing Override ICN: Enter the internal control number (ICN) of the original claim to document timely filing for claims 12 months past the Date of Service (DOS). This field is not required but could result in claims with a date of service older than 12 months to deny for timely filing if this field is not completed. When entering a timely filing ICN, the ICN on the previously submitted claim must match on billing provider ID, beneficiary ID, and DOS; otherwise the claim will deny for timely filing. Please be sure you are entering the correct timely filing override ICN accordingly.
- Provider ID: This field auto-populates based on the user. This provider number will be considered the billing provider number.
- NPI: This field auto-populates based on the user.
 This NPI will be considered the <u>billing</u> provider number.

•	Beneficiary	ID: Enter th	ne KMAP	beneficiary	/ ID n	umber
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- Last Name: This field auto-populates based on the beneficiary ID.
- First Name: This field auto-populates based on the beneficiary ID.
- Date of Birth: This field auto-populates based on the beneficiary ID.
- Patient Account #: Optional Enter the beneficiary's account number with your facility.
- Signature on File: Enter Yes if the provider's signature is on file.

For quicker navigation through the claim form, use your TAB key.

Previous ICN

Timely Filing Override ICN

Provider Number

NPI

Beneficiary ID

Last Name

First Name

Date of Birth

Patient Account #

Signature on File?

Service Information

- From Date: This field auto-populates based on the information entered in the detail portion of the claim.
- Thru Date: This field auto-populates based on the information entered in the detail portion of the claim.
- POS: Optional. Place of Service (POS) required at detail only.
- Accident Related Cause(s) 1, 2, 3: Leave blank. This information is not required for LEAs.
- Accident Date: Leave blank. This information is not required for LEAs.
- Diagnosis: Enter the appropriate diagnosis code without decimals. Tab to insert a new line if you need to enter multiple diagnosis codes. DO NOT use decimals when reporting diagnosis. When more than one diagnosis code if

reporting diagnosis. When more than one diagnosis code is entered, a scroll bar appears to the right of the diagnosis code values. You may use the scroll bar to see all diagnosis codes entered.

From Date

Thru Date

Accident Date

Add Diagnosis

Accident Related Cause(s)

Principle

Hospitalization Dates Related to Current Service

То

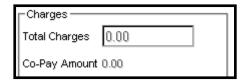
POS

 Hospitalization Dates Related to Current Service: Leave blank. This information is not required for LEAs.

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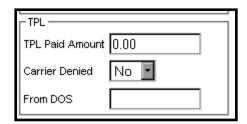
Charges

• **Total Charges**: The total charges are auto calculated based on the charges entered in the detail section.



TPL

- **TPL Paid Amount:** Leave blank. This information is not required for LEAs.
- Carrier Denied: Leave blank. This information is not required for LEAs.
- **From Date of Service**: Leave blank. This information is not required for LEAs.

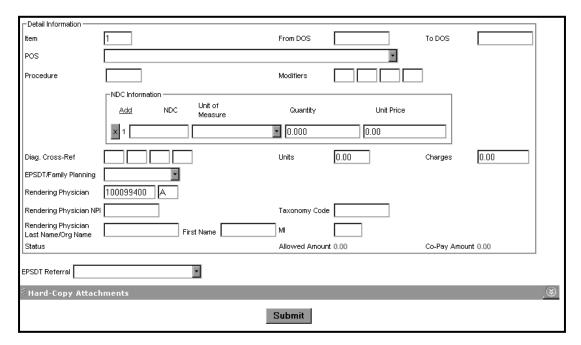


Medicare Crossovers

- Medicare Paid Date: Leave blank. This information is not required for LEAs.
- **Co-Insurance:** Leave blank. This information is not required for LEAs.
- **Deductible:** Leave blank. This information is not required for LEAs.
- **Psych Amount:** Leave blank. This information is not required for LEAs.
- Allowed Amount: Leave blank. This information is not required for LEAs.
- Paid Amount: Leave blank. This information is not required for LEAs.

Detail

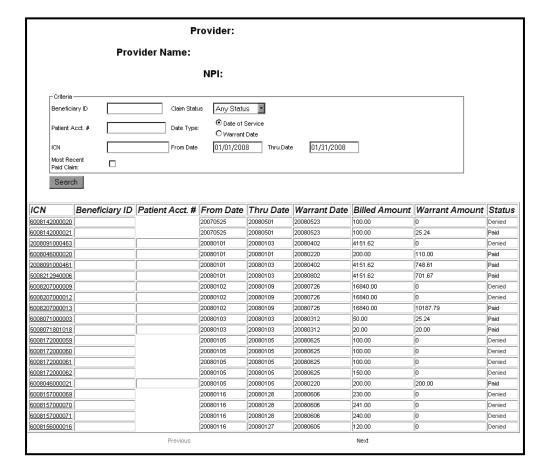
- **Item:** This field auto-populates.
- **From DOS:** Enter the From DOS.
- **To DOS**: Enter the To DOS.
- **POS:** Select the appropriate POS from the drop-down box.
- **Procedure:** Enter the appropriate procedure code.
- Modifiers: Enter any modifiers for the procedure code. You can enter up to four modifiers.
- **NDC Information:** Leave blank. This information is not required for LEAs.
- **Diag. Cross-Ref:** Enter the diagnosis reference indicator. For instance, if the principle diagnosis code applies to this detail line, enter 1. If the secondary diagnosis in the list of diagnoses you entered in the Diagnosis field under Service Location applies to the detail line, enter 2.
- Units: Enter the total number of units.
- **Charges**: Enter the total charge amount corresponding to the service you are billing for this particular detail.
- **EPSDT/Family Planning:** Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Kan Be Healthy (KBH). Choose an appropriate value from the drop-down box.
- Rendering Physician: NPI Required.
- **Rendering Physician NPI:** Enter the rendering/performing provider's NPI number. For group provider's (Cooperatives and Interlocals) this is the individual USD NPI number. For nongroup provider's (schools who provider their own special education service and no other schools) this NPI is the same as the billing NPI.
- **EPSDT:** Choose the appropriate referral value for the claim if applicable.
- Add and Remove Buttons: Use to add or remove detail lines as needed.
- Click Submit when claim is complete.



Claim Inquiry

- Click Claim Inquiry.
- If known, enter the beneficiary ID number in the Beneficiary ID field.
- Select the appropriate Claim Status from the drop-down box: Any Status, Denied, Paid, or Suspended.
- If the patient account number is known, enter it in the Patient Acct. # field. Must have been entered on the claim to allow for search criteria.
- Click the appropriate **Date Type** button.
- If known, enter the ICN in the ICN field.
- Enter the from DOS in the From Date field and the through DOS in the Thru Date field.
- Click Search.
- Most recent claim paid, allows providers to sort claims to view the most recent paid claims based on search criteria. This helps providers determine which ICN can be adjusted.
- To open the Internet claim, click the **ICN** in the ICN column. The claim details display in a separate window.

The recommended search criteria is to enter the beneficiary ID #, from date and through date. Providers should not attempt to use all search criteria when attempting to locate a claim.



Resubmit Claim - Denied Claims Only

- Access the denied claims from the Claim Inquiry window using the Claim Status field.
- Once you identify the denied claim to correct, open the claim by single clicking on the corresponding ICN link.
- The claim will display and allow you to change the information as needed.
- Once you have entered the correct information, TAB to exit the corrected field and click **Re-Submit**.

Adjust Claim – Paid Claims Only *Once the adjustment is processed, KMAP will create either an underpayment or overpayment based on the changes made to the claim by the provider. The underpayment or overpayment will appear on a future remittance.*

- Access the paid claims from the **Claim Inquiry** window using the Claim Status field.
- Once you identify the paid claim to adjust, open the claim by clicking on the corresponding ICN link.
- Make any corrections, TAB to exit the corrected field, and click Adjust.

You cannot adjust a previously adjusted claim.

You cannot adjust a claim that is more than 24 months old.